was not sensitive on pressure. The point of insertion of the round ligaments could be plainly felt on both sides, at a lower level than the umbilicus, the left two fingers' breadth higher than the right. As the head had not made its way into the pelvis, it was determined to use Walcher's position. After several hours, the lower segment on both sides became sensitive to pressure, the round ligaments were as large as the finger. On internal examination, the lower portion of the head was impacted at about the middle of the pelvic brim. The sagittal suture was near the promontory, the smaller fontanelle on the left side and toward the front. As there was no signs of spontaneous labor the patient was delivered by Cesarean section. The child weighed 38.7 grams, was 53 cm. long and correspondingly developed in all portions of the body. The point of interest in the case from the point of study made by the writers is the very high position of the round ligaments and the fact that when this can be recognized, it points to overdistention of the uterus and the danger of rupture. Further investigation shows that of 100 spontaneous labors, in 36 per cent the point of insertion of the round ligaments was above the umbilicus, either just before or actually in the expulsive period. Of these 100, 28 had the round ligaments higher on one side than on the other. In the majority of cases, the line made between the round ligaments was oblique. In most of the cases the line between these cases was oblique, in 71 primiparæ 48 times, 29 multiparæ 15 times and more often higher upon the left than upon the right side. Contrary to what is often believed, the same thing has been observed during the stage of dilatation and this at a time when actual delivery was still somewhat remote. In a series of 10 cases in which this phenomenon was very evident, the points of insertion of the round ligaments on both sides were three fingers' breadth above the umbilicus in an oblique direction more than three hours before the forceps was applied. In a case of spinal deformity, six hours before the patient was delivered by forceps the round ligament was two fingers' breadth above the umbilicus. In a case of highly deformed, rachitic pelvis, delivered by Cesarean section, in labor two days, twenty hours before the actual birth of the child, the same phenomenon could be observed.

The Causation and Diagnosis of Tubal Pregnancy.—Hirsch (*Zentralbl. f. Gynäk.*, 1920, Nr. 38) draws attention to some points in the etiology and diagnosis of tubal pregnancy. He describes three different points of diagnosis: First, when the patient under observation is put into bed, an ice-bag over the abdomen, and given opium, it is possible to clear the outline of tumor made by the abdominal condition and thus to separate it from the surrounding tissues. The second point for diagnosis in tubal pregnancy consists in the muscular action produced by large doses of preparations of ergot. The writer used secacornin; some have employed preparations of the pituitary gland. If the pregnancy is tubal, these substances do not cause the bleeding to stop. If the pregnancy is intra-uterine, these injections will stop the hemorrhage. A third symptom of value is the frequent appearance together of tubal pregnancy and ovarian cyst. Frequently while the case of tubal pregnancy is under observation there may develop a cystic swelling of the adnexa. This may be thought to be an increase in the size of the tubal pregnancy produced by hemorrhage into the tube and it may be considered as a tubal abortion. When the case comes to operation, it is found that this cystic swelling was a cyst of the corpus luteum. In 18 cases of tubal pregnancy, Opitz found 7 corpus luteum cysts and Fraenkel has observed one of these cysts to from three or four ectopic gestations. The writer has nothing to say concerning the reason for these phenomena, but has observed them and so have others.

GYNECOLOGY

UNDER THE CHARGE OF

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The Problem of Cancer Control.—One of the most earnest students in this country, perhaps in the world, of the subject of cancer control, especially from the statistical standpoint, is Frederick L. Hoffman, whose book on the subject of cancer statistics is a masterpiece, of which he may well be proud. In a more recent article (*Minnesota Medicine*, 1921, iv, 124), he states that the cancer problem is as baffling today, if not more so, as it has ever been. The subject is becoming more ramified as research in one direction or another proceeds and as new problems arise, or new discoveries are made. No one can today lay claim to a thorough grasp of the whole subject further than in broad outline, and even that is a task of considerable difficulty. When the Society for the Control of Cancer was formed, it was clearly realized that the main objective of its propaganda should be to arouse the general public to the menace of cancer increase and the hopeful effects of early diagnosis and surgical treatment in the early stages of the disease. It was for this reason decided not to call the society one for the prevention, but rather for the control of cancer. In other words, the aim of the society is to bring about a reduction in the death rate from cancer as the results of early methods of treatment, whether surgical or otherwise. Nothing of value is known at the present time that would justify the belief that cancerous processes can be prevented: but the knowledge of precancerous conditions leads to earlier diagnosis and treatment at a stage when the prognosis is generally quite favorable. Regardless of what the Society has done, and it has done much, there has not as yet been a marked effect on the cancer death rate. In some localities where the campaign has been most effective, the rate has unquestionably declined, on account of cases coming earlier to operation. But, in a general way, it may be said that the vast majority of cancer operations still take place when the disease has reached an inoperable condition. Cancer is not only one of the most important causes of death, but the disease is increasing from year to year practically in all civilized countries. In the continental United States it may be conservatively estimated that during the past year there were not less than about 90,000 deaths from malignant disease. On the basis of an earlier estimate, the approximate number of deaths from cancer is divided somewhat as follows: stomach and liver, 32,000: female generative organs, 12,500: peritoneum, intestine and rectum, 11,000: female breast 8500: cancer of skin 3500: cancer of the buccal cavity, 3500: and of other organs or parts, 13,000: a total of 84,000. This statement illustrates the wide diversity of the cancer problem and emphasizes the importance of considering the cancer question in detail, rather than in general terms, for methods of treatment applicable to one form of cancer may be wholly inapplicable, or partly so, to another form. The statement also illustrates the great importance of accurate death certification. It is lamentable that so many certificates should be sent in containing merely the term "cancer." It is obviously of the first importance that the organ or part of the body affected should be stated, for it will not advance the cause of cancer control to deal with statistics limited to cancer mortality in general terms. It, no doubt, entails a certain amount of additional labor on the part of the doctor to fill out a certificate in detail, but by doing so much subsequent and more burdensome correspondence is avoided. The cancer death rate in the continental United States has been increasing from year to year, at the rate of about 2.5 per cent. per annum. There is no corresponding increase in the death rate of any other disease or group of diseases, and considering the vast amount of useful knowledge concerning the cancer problem, the increase reflects a lamentable apathy on the part of both the public and the medical profession toward the problem of the earliest qualified diagnosis, followed by the earliest radical method of treatment. Since the propaganda for cancer control is largely limited to urban communities, it will be of interest to point out that the cancer death rate of twenty representative American cities increased from a rate of 72 per 100,000 in 1904 to 89 per 100,000 in 1914 and to 94 per 100,000 in 1918. Hoffman insists that this increase is real and not apparent. In fact, he states that the true increase in cancer liability is much greater, for operative interference has in the meantime increased materially in efficiency. If it were possible to ascertain the number of successful cancer operations during the course of a year and, by means of a follow-up system, the number of successful cures within a given period of time, it would become clearly apparent that the liability to cancerous affections is possibly today 50 per cent. greater than it was fifteen years ago. The control of the cancer death rate is primarily a surgical question for unless the offending cancerous mass is promptly removed in the early stage of the disease, death is a foregone conclusion. Hoffman directs our attention to the fact that the negative side of the cancer question is as important as the positive side. It is as urgent that we know or understand why cancer does not occur in certain races or in certain sections, as why the rate should be one of extraordinary and exceptional frequency. Cancer, for instance, practically never occurs among our native Indian tribes and another most significant phase of the problem, also generally ignored by those who should give consideration to the question, is the very rare occurrence of cancer of the female breast among the Japanese.

Considering the question of heredity, the conclusions derived from animal experimentation are diametrically opposed to the facts, as far as known, for the human race. Cancer is certainly not inherited in human beings in the same sense as a hereditary predisposition is frequently apparent in tuberculosis. Cancer is now so common a disease of adult life that the occurrence of cancer in more than one individual in the same family may be looked upon as an unusual coincidence. The cases of exceptional frequency sometimes reported, even granting the absolute accuracy of the facts, are in the nature of abnormalities, with only a slight bearing upon the practical side of the question. There are no reasons why a cancerous predisposition should not be inherited, or, in other words, why persons living the same kind of lives, in the same kind of environment, subject to about the same external influences, should not suffer likewise from cancerous affections, but no statistical evidence is available to prove that cancer is inherited in the accepted sense of the term, all the experiments on rats, mice and guinea-pigs notwithstanding. Much is said of cancer villages, cancer streets and cancer houses. But all investigations by qualified experts have shown the fallacy of the assumption other than as previously observed, that the general environment, the topographic features, or perhaps the occupational pursuits may predispose to an excessive rate of cancer frequency. Occupational cancers are a fact and not a theory. Chimney-sweep's cancer is unquestionably a direct result of soot irritation, just as roentgen-ray dermatitis is a direct result of roentgen-ray exposure. Here also an extended discussion would be necessary to illustrate the problem from a practical point of view. Roentgen-ray dermatitis, however, may be referred to as evidence of external conditions, within our knowledge and understanding, acting as causative factors in malignant disease and there are no reasons for supposing that the true causative processes vary extensively from other forms of cancer than in occupational skin disease. An important phase of the cancer problem is the higher rate of frequency of cancer of the uterus among married than among single women. Investigation has also brought out the fact that cancer of the breast is relatively more frequent among the unmarried, and the same holds true of malignant ovarian tumors. Finally, Hoffman refers to the apparent difference in cancer occurrence according to economic status. There seems to be no serious question of doubt that cancer is more frequent among the well-to-do than among the poor: and since prosperity is practically the equivalent of hypernutrition, the conclusion seems justified that overnutrition is a predisposing factor of considerable importance. It is true that there is a divergence of opinion on this question, but Hoffman's investigations conclusively proved to him that cancer is more common among persons of overweight than those whose weight falls below the normal standard. Since poverty and undernutrition or malnutrition, go practically together there is here another neglected field where specialized research gives promise of useful results.

Incidence of Cancer in Retained Cervical Stump.—Paraphrasing Hamlet's famous soliloquy to the realm of gynecology, we might say, with respect to the type of hysterectomy that should be performed in removing uterine fibroids, "complete or incomplete" and indeed it is quite a question, since both sides have their noted advocates. POLAK